ATTORNEY DÖCKET NO.: P-9148
Express Mail EL716469688US

06-25-01

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: David L. Thompson

TITLE: PORTABLE EXTENDER FOR DATA TRANSMISSION WITHIN A MEDICAL DEVICE COMMUNICATION SYSTEM

jc862 U.S. PTO

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an appropriate addressed by Pay Patent Application Assistant Commissionary of Patents Weshington D. C. 200314

envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL716469688US, on this 22 day of June 2001.

Sue McCoy
Printed Name

Commissioner for Patents

BOX PATENT APPLICATION

Commissioner of Patents and Trademarks Washington, D.C. 20231 Sir: We are transmitting herewith the attached: **Patent Application Transmittal** X Χ Specification: Total pages: 19 (including claims and abstract: Spec. 15 sheets; Claims 3 sheets; Abstract -1 X Drawings: Total sheets: 5 informal Combined Declaration and Power of Attorney: (UNSIGNED) X newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or above is considered as being part of the disclosure of the accompanying application and declaration is supplied is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement m **PTO Form 1449** T Copies of IDS citations N Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: Divisional ☐ Continuation-in-part (CIP) Continuation of prior application No. ____/ Amend the specification by inserting before the first line the sentence: This application is a

continuation division continuation in part of application number , filed ... of the prior application before calculating the filing fee. Cancel in this application original claims (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. The Power of Attorney in the prior application is to:

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/213,858, filed June 23, 2000. X

X Address all future correspondence to:

Girma Wolde-Michael, Reg. No. 36,724

Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 phone: (763) 514-6402

| FEE CALCULATION | No. of Claims Filed | Claims Inclu Base Fee | ided in | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|--------------------------|---------|---------------------------|-------|-----|
| Total Claims | 14 | 20 | = | 0 | x 18 | 0 |
| Independent Claims | 2 | 3 | = | 0 | x 80 | 0 |
| Multiple Dependent Claims | | | | | + 270 | 0 |
| Basic Filing Fee | | | | | | 710 |
| | | | | | TOTAL | 710 |

Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of

overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

I'll to min man

Girma Wolde-Michael, Reg. No. 36,724

MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432

Telephone: (763) 514-6402